

GWAMILE VOCTIM

GWAMILE VOCATIONAL AND COMMERCIAL
TRAINING INSTITUTE MATSAPHA
KINGDOM OF SWAZILAND



APPLICATION FOR ADMISSION

| Surname: |
|-----------------------------|
| First Name: |
| Postal Address: |
| |
| Nationality: |
| Home Address: |
| Chief: |
| Indvuna: |
| Parent/Guardian: |
| Address: |
| Telephone (Work/Home): |
| Course: |
| 1st Choice: |
| 2 nd Choice: |
| JC Examination (year): |
| School: |
| O'Level Examination (year): |
| School: |

Please attach copies of certificates including an official birth certificate.



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| DECLARATION BY APPLICANT | | | |
|---|--|--|--|
| I declare that the above information is correct. I have attached copies of all relevant certificates. I understand that on the day of the interview at VOCTIM, I have to present the original certificates, positive ID (passport, driver's licence or library card and a receipt as per NB (i) below. If accepted for training, I promise to abide by the rules and regulations of the Institution. | | | |
| Date: Applicant's Signature: | | | |
| | | | |
| NB | | | |
| (i) Application to be accompanied by a receipt of E50.00 payable at any Government Revenue | | | |
| Account No: 304/6002/61101 and submit receipt with the application form. | | | |
| (ii) Course fees for each term or semester are paid in full at the beginning of each semester. (Fees are as attached) (iii) Deadline for return of application is Friday, 5th April 2019 (iv) Application forms with incomplete enclosures will not be accepted. (v) The date for intake Test is Friday, 12th April, 2019 at 8.00 a.m. (vi) Applicants should also bring a ballpoint pen, pencil and a ruler plus ID & Original Certificates including a Birth Certificate. | | | |
| DECLARATION BY EMPLOYER | | | |
| If apprentice, the employer shall provide the following information:- | | | |
| I certify that Mr/Ms | | | |
| | | | |
| Date: Designation | | | |
| Name: Signature | | | |



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HEADMASTER'S/HEADMISTRESS' COMMENT

| (To be completed by the Headmaster/Headmistress of the applicant's school) | | | | |
|--|-------|------|--|--|
| The applicant is student of Form this year. | | | | |
| The applicant completed Form in | | | | |
| Has the applicant been involved in disciplinary action while at school? | | | | |
| | | | | |
| () Yes | (|) No | | |
| | | | | |
| If yes, please | | | | |
| Specify: | | | | |
| | | | | |
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| | | | | |
| Please give your assessment of the applicant's attitude and work, also indicate his/her particular | | | | |
| interests and achievements. | | | | |
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| | STAMP | | | |
| | | | | |
| | | | | |
| Date: | | | | |
| | | | | |
| Signature: | | | | |